U.S. Agency for International Development
Report to Congress
Care, Treatment and Support of Persons Living with AIDS

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I. Background

HIV/AIDS is an enduring epidemic that must be fought with both prevention and care. Providing care, treatment and support can help stabilize and improve the physical and mental health of individuals living with or affected by HIV/AIDS, while reducing the social, psychological, and economic burden of the disease on families and communities. In addition, availability of care increases demand for voluntary counseling and testing services, can reinforce prevention messages, helps de-stigmatize the disease, and stabilizes AIDS-affected families and communities.

The U.S. Agency for International Development is bringing care and treatment to communities affected by HIV/AIDS through innovative programs to introduce antiretroviral therapy and partnerships with the Global Fund to Fight AIDS, Tuberculosis and Malaria, the private sector and community- and faith-based organizations. USAID is providing support to people living with HIV and AIDS through nutrition and food aid programs, psycho-social support and microfinance activities.

USAID is collaborating closely with host country governments, citizens groups and other donors toward the goal of helping local institutions provide care and psychosocial support services to at least 25 percent of HIV-infected persons and provide community support services (e.g. counseling, school enrollment, nutrition, health care, and social services) to at least 25 percent of children affected by AIDS in high-prevalence countries by 2008.

II. Antiretroviral Therapy

USAID is committed to improving access to antiretroviral drugs for HIV/AIDS in developing countries. Antiretroviral drugs have been widely used in the developed world for a number of years to improve the quality and extend the life of those infected with HIV. The World Health Organization estimates that 6 million persons meet criteria to start highly active antiretroviral treatment. However, only about 800,000 people worldwide are receiving this treatment, with most of them living in developed countries. Only one percent of the HIV-infected people in Africa who are in need of treatment have access to antiretroviral therapy.

Significant declines in the price of antiretroviral drugs have permitted the integration of antiretroviral treatment into prevention and care programs in developing countries. USAID has taken a leadership role in this introduction. USAID has developed learning sites to introduce antiretroviral treatment in Ghana, Kenya, and Rwanda. These sites also offer voluntary counseling and testing and services for the prevention of mother-to-child HIV transmission. By the end of 2003, approximately 500 patients will receive treatment in the three countries. These USAID sites will lay the foundation for comprehensive care and

treatment programs that governments and the private sector can expand to a national level, with the support of the President Bush's new Emergency Plan for AIDS Relief.

USAID will rapidly distill replicable lessons learned from these sites through site-specific analysis as well as cross-site comparisons. From that body of knowledge, USAID will expand its sites for antiretroviral introduction to other settings in the world. Ultimately, these service delivery systems will be sustained with increasing support from host-countries, and staffed with well-trained personnel who can continue the training process.

Recognizing that expanding access to antiretroviral treatment requires more than simply providing the necessary drugs, USAID is developing the infrastructure and skills necessary to effectively deliver antiretroviral drugs in the introductory sites. This involves training physicians and medical center staff on a range of issues and upgrading laboratory equipment. USAID programs also strengthen systems for obtaining and distributing drugs and develop necessary laws and policies to ensure procurement, delivery, and administration of antiretroviral drugs.

USAID program examples:

On February 27, 2003 four HIV-positive patients at the Biryogo Medical and Social Center in **Rwanda** became the first to receive antiretroviral therapy under a new USAID-supported effort. These first four patients are women; three are widows caring for their own children as well as orphans from the 1994 war and genocide. None of them is able to work because of HIV-related illnesses. The fourth woman is a 20-year-old unmarried student who aspires to be a laboratory technician and continue her education at the university level. The treatment program will build on existing HIV counseling and testing services, and expand the range of medical care and support services that are available to HIV-infected individuals. In this site, a major focus will be on supporting community responses to provide home-based care as a complement to clinic-based services. A second site will begin treatment within the next few months.

In **Ghana**, the "Start" program is a comprehensive prevention, care and treatment program that is designed to define, refine and document approaches to HIV/AIDS service delivery in resource-poor settings. "Start" will begin in two districts in the Eastern Region of Ghana, where an estimated 18,000 people out of 240,000 are HIV positive. The program is using two implementation models, one in a comprehensive district program and the other in a teaching hospital. The first site is ready to begin treatment and the two teaching hospitals will follow soon.

The government of Ghana will utilize funds from the Global Fund to Fight AIDS, Tuberculosis, and Malaria to expand the number of people treated at the three USAID supported sites. This will be the first example of USAID programs leveraging Global Fund resources for AIDS treatment. USAID assistance in developing the skills and infrastructure necessary to provide these treatment services will help ensure that the Global Fund resources achieve maximum impact.

In **Kenya**, USAID has started ARV treatment in Mombassa, Kenya at Coast General Provincial Hospital. In addition, a district hospital, a municipal health center and a health-center supported by a non-governmental organization will begin treatment as soon as drug management and security systems are in place.

In each of these sites, involvement of people living with HIV/AIDS was critical to the development of the treatment program:

In Rwanda, each patient who meets the selection criteria for USAID-supported antiretroviral treatment is asked to choose a family member or friend as a support person or "buddy" prior to the initiation of treatment. Some of the "buddies" are people who are themselves living with HIV/AIDS but whose health status is such that antiretroviral treatment is not currently indicated. "Buddies" attend pre-treatment counseling sessions with those starting treatment to learn about antiretrovirals and other strategies to promote quality of life. The "buddies" also offer the patients support after treatment begins--with medication adherence, with other health needs, with friendship.

The Ghana team began working closely with a group of people living with HIV/AIDS organized through St. Martin's Catholic Hospital at the beginning of the antiretroviral introduction program. The input of this group has been integral to the design and implementation of the program, through their participation in research, community outreach, stigma reduction interventions, as well as regular meetings with program staff to develop and adapt the services.

People living with HIV/AIDS were involved from the very inception of the USAID program in Mombasa, Kenya, participating in the initial stakeholders' meeting and serving as members of the program's steering committee.

In addition to efforts through the antiretroviral introduction sites, USAID also supports operations research and advocacy to improve access to treatment.

In **India**, two USAID-supported studies aim to improve access to effective, sustainable, and non-discriminatory care and treatment services. One study seeks to reduce stigma and discrimination of hospital workers towards HIV/AIDS patients by testing approaches for creating a "patient-friendly" hospital environment. One tool developed was a self-assessment checklist for hospital managers. This checklist allows hospitals to assess their strengths and improve challenges around informed consent and patient confidentiality, compliance with universal precautions for infection control, and avoidance of discriminatory practices such as isolating HIV/AIDS patients. Participating hospitals have drafted action plans that include changes in counseling practices, training, and improved policies on HIV/AIDS. Another study worked to improve the cost effectiveness of HIV/AIDS service delivery and identify elements of a comprehensive, patient-friendly HIV/AIDS prevention and care program. As a result of this research, a model for providing a continuum of HIV/AIDS prevention, care, and psychosocial support services was developed and replicated in four other Indian cities.

In **Cambodia**, a USAID-supported project assisted a six-month advocacy activity, initiated and led by the local Cambodian People Living with HIV/AIDS Network. One of the central issues identified by members was access to antiretroviral therapy and treatment for opportunistic infections. The network led a highly successful advocacy campaign that culminated at the 2nd National AIDS Conference in October 2002 where the Prime Minister of Cambodia said that people living with HIV/AIDS in Cambodia must have access to antiretrovirals. The Minister of Health committed to provide part of the $16 million grant from the Global Fund to Fight AIDS, Tuberculosis, and Malaria to fund antiretroviral treatment.

As countries expand access to antiretroviral treatment, information on current and future costs of treatment is vital for policymakers. A USAID-funded project is helping governments estimate the total cost of national antiretroviral treatment programs and develop national treatment policies, with an easy-to-use software tool. In countries such as **Mexico**, **Uganda**, and **Zambia**, the project is helping governments examine different service models and estimate the costs of scaling up services to reach treatment goals. In Zambia, use of the software tool helped the government determine the annual per patient cost of treatment and revealed that the cost of treating its target of 10,000 patients was much higher than the budgeted amount.

In **South Africa**, USAID is also funding a pilot test of patient management software for private sector doctors treating persons with AIDS.

Public-Private Partnerships

Building partnerships with the private sector to expand access to care, treatment and support services is a priority for USAID. USAID's Office of HIV/AIDS recently hired a full-time staff member to focus exclusively on the development of these partnerships.

USAID has several ongoing initiatives with multinational corporations designed to extend HIV/AIDS treatment to employees and dependents living in Africa and to support local communities.

- In **Ghana**, a U.S.-Dutch collaboration underway will create private sector clinics able to provide treatment to employees of private corporations wishing to provide treatment under employee benefits plans.

- USAID provides technical assistance to the Coca Cola Foundation for Africa to support prevention education, voluntary counseling and testing and treatment for Coca Cola employees and dependents across the African continent, 56 of 57 countries.

In **South Africa**, USAID is providing technical assistance to a multinational textile corporation that is offering AIDS treatment to employees. Another partnership, between Right to Care and Alexander Forbes Health Management Solutions, convinces employers that they will save the company money by treating their HIV positive staff. The economic and clinical expertise of Right to Care is complemented by the credibility and employee benefit experience of Alexander Forbes. Right to Care also sponsors the Home Loans Guarantee Company, which guarantees low income home loan borrowers against the risk of HIV/AIDS, and expands access to antiretroviral care.

USAID is also working in partnership with Johnson & Johnson to explore opportunities designed to strengthen and expand community/home based HIV/AIDS palliative care provider work forces.

USAID also builds partnerships with the private sector to provide support to children affected by HIV/AIDS. In **Zambia**, USAID is working with the World Bank, a Zambian non-governmental organization, Zambian News Agencies, and Kodak to "mentor" 80 AIDS affected children in photojournalism. Kodak has agreed to supply film, batteries and cameras for the orphans and other children made vulnerable due to HIV/AIDS for the duration of the two-year project.

U.S. Government Workplace Policies for HIV/AIDS

U.S. Embassies and USAID missions are strengthening their commitment to HIV/AIDS care and support by adopting workplace HIV/AIDS policies that provide care, treatment, and support to employees in several countries hard hit by HIV/AIDS. Confidentiality, non-discrimination, and support for employees who declare their HIV-positive status are key components of these policies.

- The U.S. Embassy in **South Africa** has adopted a policy which will provide HIV/AIDS counseling and antiretroviral drugs to all employees who need them.
- In **Uganda**, the U.S. Embassy's workplace policy provides HIV/AIDS education for employees and dependants, paid time off for voluntary counseling and testing, 100 percent coverage of treatment for opportunistic infections, short-course antiretroviral treatment to prevent mother to child transmission of HIV, 100 percent coverage of antiretroviral treatment for employees, and employee training in peer support and counseling.
- The U.S. Embassy in **Zambia** is finalizing a policy that will include peer education, the development of informational materials on HIV/AIDS, an estimated 80 percent coverage of antiretroviral costs, and up to four hours of paid time off per month for employees to volunteer with local HIV/AIDS organizations. Four of USAID's partner organizations in Zambia have also instituted workplace HIV/AIDS policies and are providing antiretroviral drugs to staff who need them.

III. Home-based Care

Home-based care allows AIDS patients to remain in the community, fostering better understanding of HIV/AIDS within families and the community and permitting questions and misunderstandings about prevention and care to be addressed as they arise. Home-based care for people living with HIV/AIDS is particularly important in developing countries where there is a severe shortage of hospital beds, inability to afford prophylactic drug therapies, and poor nutrition.

USAID program examples:

The USAID-supported Bambisanani Project in **South Africa** teaches groups of community members to become home care supporters and trainers to care for the terminally ill. These home care supporters form a wide-reaching referral network working with local hospices, health centers, and hospitals to identify terminally ill patients and families in need of home care support. Once identified, home care supporters provide families with home care kits, containing essential medical supplies. The supporters teach families how to address simple health problems and make their loved ones more comfortable as their health situations deteriorate. Families learn such skills as when to administer tuberculosis medicines if needed and how to ensure patients do not develop bed sores. The project also implements income-generating activities to mitigate the financial burden of HIV/AIDS on households,

and identifies vulnerable children, such as orphans, and solicits community support to care for them.

In **Kenya**, the Community-Based Program on HIV/AIDS Care, Support, and Prevention, was initiated in 1999 with a focus on home-based care and support for people living with HIV/AIDS and their families. The project has trained a total of 400 community health workers who in turn trained more than 2,200 caregivers in 2002, bringing the total to more than 15,000 family members and friends, who are able to provide simple nursing care and references for voluntary counseling and testing, services for preventing mother-to-child transmission, and other care and treatment services. The project has also trained religious leaders in psychosocial counseling, facilitated the formation of support groups for widows, orphans, and people living with HIV/AIDS, and expanded access to credit through links with a USAID-funded microfinance activity in the region.

In **Cambodia**, a USAID-supported alliance of nongovernmental organizations is bringing much-needed health care to HIV/AIDS patients through home visitation. The group's eleven home care teams, which consist of two government nurses and three non-governmental organization staff, visit patients at least three times per month across the project's 35 sites located in the 16 provinces hardest hit by the HIV/AIDS epidemic. The teams provide palliative care, counseling, education, and welfare support to the patient and family members. People receiving home care visits report that they feel better able to look after themselves. By focusing on better nutrition and early treatment of infections, they say they enjoy both better health and more positive outlooks. Family members have a better understanding of HIV/AIDS and greater confidence in caring for a patient. Community leaders report reduced discrimination, fear, and anger and an increased knowledge and support for people living with AIDS.

IV. Tuberculosis

Almost one-third of people living with HIV have tuberculosis, and it is one of the leading causes of death in AIDS patients. Prevention and treatment of active tuberculosis are important interventions for increasing the length and quality of life of those infected with HIV. USAID is making significant investments in building the essential health care infrastructure to provide care and treatment of tuberculosis and other opportunistic infections. USAID is expanding implementation of the highly effective Directly Observed Treatment, Short Course (DOTS) strategy for treating tuberculosis and is investing in research to develop rapid, low-cost diagnostics, cost-effective new drugs, and improved approaches to implementing DOTS.

USAID program examples:

In response to the growing problem of tuberculosis and HIV co-infection, USAID is looking for ways to provide more accessible services for people with co-infections. USAID is supporting WHO's "ProTEST" Initiative, which aims to deliver coordinated

interventions for tuberculosis and HIV prevention and care. "ProTEST" uses voluntary counseling and testing as an entry point for access to a variety of HIV and tuberculosis interventions. Pilot project sites in **South Africa**, **Malawi**, and **Zambia** have served more than 70,000 individuals over the past four years.

USAID has been supporting community tuberculosis treatment services in **Malawi** and **Uganda**, two countries with high HIV/AIDS prevalence. Malawi has already attained countrywide coverage, while Uganda is implementing services in 24 of 56 districts with plans for national coverage within two years. USAID is supporting the expansion of this approach in other African countries.

A USAID-supported study in **Thailand** tested an intervention to help caregivers correctly identify and manage opportunistic infections in HIV/AIDS patients. The intervention developed manuals for caregivers, which are now being translated for use in Indonesia, China, and Latin America.

V. Opportunistic Infections

USAID programs support interventions to prevent and treat opportunistic infections, ranging from persistent diahrrea to pneumonia. Interventions include assistance in developing standard treatment guidelines, training of health care personnel and where needed the procurement of antibiotics.

USAID has also played a strong facilitator role with the Pfizer Corporation's Diflucan donation program. The donation of Diflucan means that persons with Cryptococcal Meningitis have access to safe and effective medication to prevent a relapse.

In addition, USAID has supported the development of guidelines and training material for doctors, nurses and midwives, as well as a set of hospital guidelines for proper treatment of persons with AIDS. The guidelines developed in **India** are now used nationally. USAID has supported feasibility studies of the scale up of successful non-governmental organization-based treatment clinics in India. USAID has also tested the feasibility of teaching community and family care givers to recognize and manage a select group of common conditions that can be safely managed in the home.

USAID program examples:

In **Rwanda**, in a rural district hospital, USAID has linked voluntary counseling and testing services to an innovative program to provide antibiotics to prevent some of the most common and deadly opportunistic infections. This year, the program will be expanded to link with the newly started antiretroviral treatment program.

In **Kenya**, the prevention and treatment of opportunistic infections is integrated with the new anti-retroviral treatment program. This program cares for persons living with AIDS in four facilities in Coast Province, one of the highest prevalence provinces of Kenya.

The START program in **Ghana** has also integrated the treatment of opportunistic infections into a comprehensive care and support program that includes antiretroviral therapy.

In **Cambodia**, a very unique and successful community based care program works with non-governmental organizations to provide home and community based management of opportunistic infections. This provides care that would otherwise not be available due to the lack of health care coverage in a number of the communities being served

Faith- and community-based organizations: Key Partners in Care and Treatment

Belief systems around the world have compassionate care for the sick as a core value. As USAID expands its work in care and support for people living with HIV and AIDS, community and faith-based organizations will be essential partners in providing voluntary HIV counseling and testing, home care, clinical services, and advanced treatments.

USAID introduced a new project, Communities Organized in Response to the HIV/AIDS Epidemic (CORE), as a way to get resources and technical assistance to faith- and community-based organizations, which are often best suited to provide care and support. In the first year, a total of $204,503 was awarded to 45 grassroots organizations from 29 countries. More than 800 community and faith-based groups from over 70 countries applied for grants through this program. Grants were awarded to programs addressing issues in three focus areas: (1) Awareness-raising, advocacy, and education, (2) elimination of stigma and discrimination, and (3) care and support of people infected and affected by HIV/AIDS.

- In 2002, USAID's Community REACH project, a new way to rapidly get funding to the community level, awarded eight care and support grants to community- and faith-based organizations. In **Honduras**, REACH funding will establish a model clinic and home-based care program for provision of comprehensive care to people living with HIV/AIDS and provide community education and advocacy to increase knowledge about HIV/AIDS and to reduce the stigma associated with it. In **Russia**, funding will provide a variety of support services for people living with HIV/AIDS, including the development of psychosocial and legal groups, and will also support the development of a network of AIDS service organizations in Siberia.

- In **Ghana**, USAID is supporting the new "Reach Out, Show Compassion" campaign to reduce stigma and foster support and compassion for those living with and affected by HIV/AIDS. With the cooperation of Muslim and Christian leaders in Ghana, the new campaign aims to increase the number of religious organizations, congregations, and humanitarian groups advocating for and engaged in care and compassion activities in communities. Training for 900 clergy, Imams, and other religious leaders is being conducted throughout the country to establish compassion and support programs. Television and radio spots also incorporate quotes directly from the Bible or the Koran that demonstrate compassionate behavior. In an historic communiqué, presented to Vice President Alhaji Aliu Mahama, 23 Muslim and 25 Christian religious leaders committed to working alongside the government and other stakeholders in a united front against HIV/AIDS.

- In **Ethiopia** in 2002, nine faith-based organizations provided home-based care to more than 800 beneficiaries, counseling to more than 3600 persons, support to 550 children affected by HIV/AIDS, and food aid to 40,000 people living with HIV/AIDS.

VI. Children affected by AIDS

USAID is currently funding more than 77 activities in 24 countries to support children affected by HIV/AIDS. Many of these activities focus on strengthening the abilities of families and communities to provide care and support, and linking them with government social services; helping children and adolescents obtain an education; helping a family preserve their livelihood; and supporting policy development and research. USAID supports community- and faith-based organizations that have been the leaders in helping these children. These organizations provide such services as material assistance, counseling, community-based care, and assistance to parents in planning for their children's future care.

USAID is collaborating closely with host country governments, citizen groups and other donors toward the goal of providing community support to 25 percent of HIV/AIDS-affected children in countries with a high-prevalence of HIV/AIDS by 2007. USAID's activities emphasize helping communities develop and sustain strategies to meet the needs of vulnerable children by strengthening the abilities of families to provide care and support; mobilizing and supporting community-based responses; helping children and adolescents meet their own needs; creating a supportive social and policy environment; and supporting research and information sharing.

USAID program examples:

Zambia's SCOPE orphans and vulnerable children program works to mobilize community resources to care for orphans and vulnerable children. The project - active in 12 districts - provides assistance in creating economic safety nets and providing psychosocial support to children and families hardest hit by the epidemic. This highly successful multi-sector project reached over 137,500 orphans and other vulnerable children with life-sustaining care and support services in just one year. In 2002, SCOPE disbursed almost $470,000 in subgrants to districts and community-level programs for children affected by HIV/AIDS, such as community mobilization, psychosocial support, advocacy, food security, economic strengthening, and increased access to education and health care. USAID/Zambia continues to support national policy development and nationwide coordination of programs for children affected by HIV/AIDS.

The Community-based Options for Protection and Empowerment Project helps villages and districts in **Malawi** form AIDS committees to raise funds and provide support for home-based care, income generation, HIV prevention, psychosocial support, and school fees for affected families. In 2002, the project established 50 Village AIDS Committees that provided support to almost 1,800 orphans and vulnerable children. Sustainability of these support activities is strengthened by income-generating activities of the Village AIDS Committees that provide material and food for the children.

In **Namibia**, children affected by HIV/AIDS receiving USAID-supported services increased from 1000 in 2001 to over 4000 in 2002, representing 29% coverage of these children in target regions. Volunteers made 7000 support visits to children affected by HIV/AIDS and caregivers in their communities. Fifty-nine schools in target regions agreed

to waive school fees for 2000 children affected by HIV/AIDS as a result of an advocacy campaign.

USAID's Lea Toto project in **Kenya** improved the capacity of a community in Nairobi to provide comprehensive care within the community and family setting to orphans living with HIV/AIDS. The project , implemented by Father D'Agostino, Catholic Relief Services and the Children of God Relief Institute, provided support to more than 200 orphans and their families in FY 2002.

In **Romania**, USAID supports activities that provide support to HIV-positive children, other children affected by HIV/AIDS, and their families. USAID-supported activities have included training of health care providers in pediatric AIDS care, creation of an outpatient care and treatment facility for HIV-positive children, social services and case management for families with HIV-positive children, and strengthening the ability of government and local organizations to effectively respond to the issues of children affected by HIV/AIDS.

Helping HIV-Positive Parents Plan for Their Children's Futures

Ruth Natemba was struggling after the death of her husband and had many questions about living with HIV. But one question loomed larger than all the others. "When I die, what about my children?" That question haunts many parents in Uganda, where nearly 15 percent of all children are orphans. With traditional safety nets provided by extended families breaking down under the weight of the AIDS pandemic, many AIDS-affected children also worry silently about what will happen to them when their parents die.

USAID supported operations research to determine the effectiveness of an approach called "succession planning" to help HIV-positive parents plan for their children's future. Succession planning helps parents prepare a written will, choose a guardian, and create "memory books" for their children. These books help children cope with emotional loss and stay connected to their family through pictures, stories about special family moments, parents' hopes for their children's future, and information about family history and values. The program also provides counseling and other services to enable both parents and future guardians to generate income and promote the well being of their children.

By participating in succession planning, Ruth was able to alleviate some of her worries. She wrote a will, took measures to ensure her daughters' inheritance of her small property, and participated in counseling with her children to help prepare them for her death. When Ruth died, the guardian she had appointed welcomed the three children into her home. Ruth's daughters still face distress over the loss of their parents but had the assurance of knowing what was going to happen to them and the opportunity to become accustomed to their guardian.

The USAID-supported research found that the succession planning approach has helped hundreds of families like Ruth's and is providing a critical piece in a continuum of care for AIDS-affected families. The approach has been listed by UNICEF and UNAIDS as a "best practice" for programs addressing the needs of children affected by HIV/AIDS. As a result of the lessons learned from this research, succession planning is being adopted by more organizations and replicated in other African countries.

VII. Nutrition and food aid

Most of the world's people living with HIV/AIDS reside in communities already suffering from poverty and malnutrition. Since 2000, USAID has provided $10 million per year in food aid to children and families affected by HIV/AIDS. This nutritional support can help extend life expectancy and mitigates the impact of AIDS on children, families and affected communities.

Non-governmental and faith-based organizations are key partners in the implementation of these food assistance and HIV/AIDS programs.

USAID program examples:

In **Uganda**, USAID is using food aid to help meet the nutritional needs of children and families affected by HIV/AIDS. This program, which provides $6 million in food aid annually for five years, is the largest of its kind in the world. The program targets approximately 60,000 individuals who have HIV/AIDS or live in households where providing HIV/AIDS care is undermining the ability to meet food and nutrition needs. The target population receives intensive nutrition education in addition to food aid. The program involves communities in food distribution in order to raise awareness, reduce stigma, and mobilize community involvement in HIV/AIDS activities. This activity is implemented by faith-based groups and other nongovernmental organizations, including The AIDS Support Organization (TASO), Catholic Relief Services, World Vision, and Africare.

USAID is working to ensure improved food security for **Rwanda**'s most vulnerable children. Non-governmental organizations provide food to approximately 29,000 children affected by HIV/AIDS as part of a comprehensive package of services that also includes HIV/AIDS education, counseling, home-based care, vocational training, payment of school fees, and assistance to help households earn more income. Food assistance is expected to improve the ability of households to care for children affected by HIV/AIDS.

VIII. Psycho-Social Support

Psychosocial support can help people living with HIV/AIDS and their families cope with a life-threatening disease and the economic loss and social stigma that often accompany HIV/AIDS. It is an essential component of palliative care and includes a range of interventions that help individuals and families to cope with the adversity brought on when one or more family members is affected by AIDS. The type and intensity of psychosocial care and support that is needed varies with the circumstances faced by each family, but such support can encompass physical, emotional, and spiritual elements.

Psychosocial support goes hand-in-hand with prevention efforts. This support begins with counseling after people receive HIV testing. In **Uganda**, for example, "post-test clubs"

were formed to provide ongoing support for people after their HIV tests, whether they were positive or negative. Another aspect of psychosocial support includes peer support activities for people and their families living with HIV and AIDS. Finally, after the death of a parent, spouse or child, support for families is essential.

The skills required to provide psychosocial care can be taught to nonprofessionals, so providing such care can be a sustainable, community-based activity that requires modest investments of outside resources when compared to other components of care.

USAID program examples:

USAID has long provided assistance to The AIDS Support Organization (TASO) in **Uganda**, the first indigenous AIDS organization in Africa. TASO is recognized around the world as a leader in the field of HIV/AIDS care and support and has provided care and support services to more than 65,000 individuals and their families. Among its many services, TASO implements psychosocial support activities to address the special needs of children and orphans of their clients through counseling and school-based support. TASO centers provide a place for children and families to cope with the trauma of HIV/AIDS. Activities include succession planning, in which children and parents engage in a participatory process to discuss HIV status and future plans; training for teachers, parents, and other caregivers in counseling skills; workshops for foster parents on key issues in caring for orphans; and support visits to schools and families.

In two districts in **Zambia**, USAID-funded support camps help children affected by HIV/AIDS overcome painful memories. The camps provided vulnerable children a safe environment to freely discuss such issues as loss and grief, HIV/AIDS, and children's rights. The children interacted with each other and with trained support personnel through drama, songs, games, and other interactive activities. Community-based volunteers from the children's home communities are also invited to these camps to ensure that children receive continued support upon their return home. Children are also encouraged to form support groups.

IX. Microfinance

The HIV/AIDS pandemic presents enormous economic challenges to households and communities. People living with HIV/AIDS may suffer discrimination from financial institutions and traditional credit schemes. They may also have decreased earning potential because of illness, and increased cost for health care. To mitigate the economic effects of HIV/AIDS on low-income populations, USAID implements microfinance activities that give vulnerable households access to credit and enable them to generate income.

USAID program examples:

USAID has provided training and grants to organizations in **Zambia** to manage community-based revolving loans. The loans are given to individual vulnerable households to boost their income-generating activities so that they can meet the needs of children under their care. Before the grants are given, the organizations are trained on loan management and business management skills. Examples of these grants include a widows' group that gave loans to almost 70 households with more than 200 children, and a local non-governmental organization that gave loans to more than 300 households with 1,560 vulnerable children.

In western **Kenya**, the Kenya Rural Enterprise Program provides vulnerable households with business training and access to low-interest credit. The project has established a Financial Services Association and a line of credit for a group-based savings and credit program that provide loans and small business skills training. People living with HIV/AIDS, their caregivers, and those caring for orphans are among the members of the credit scheme. The program links with other HIV care and support activities in western Kenya, helping members obtain needed services.

People Living with HIV/AIDS Play Major Role in Improving Care and Treatment

Matthew Babade, age 35, is from Ilesha in Osun State, Nigeria. In 1997 when he visited the loca government hospital for chronic diarrhea, Matthew was diagnosed as HIV-positive. Upon diagnosis, the hospital staff immediately stopped treating him, evicted him from the hospital, and counseled his mother to take him to a forest outside of town where he could die quietly and not infect others. Matthew's mother, fearful for his siblings, left him in a deserted building on the outskirts of Ilesha. When the members of the Ilesha Living Hope Care Support Group learned of his plight, they provided him with treatment and psychological and emotional support in dealing with HIV. Six years later, Matthew is the president of the USAID-supported group that has achieved notable successes in changing the face of the HIV/AIDS epidemic in Osun State.

Under Matthew's leadership, the Living Hope Care Support Group has mobilized and realized substantial advocacy and community mobilization achievements. Many hospital staff, who once ostracized people living with HIV/AIDS from services and invited onlookers to look at "people about to die," now volunteer as outreach workers. In awareness-raising sessions, they openly confess their past prejudice to other community members and attribute it to lack of knowledge about the disease. Healthcare workers now care for HIV/AIDS patients in a less stigmatized environment and refer patients to Living Hope Care.

X. Future activities

Care and treatment will continue to be a critical component of USAID's HIV/AIDS programs. As lessons are learned from USAID's introductory antiretroviral treatment sites, programs will be expanded into additional countries. USAID will also continue to assist Global Fund recipients and other countries to provide technical assistance for antiretroviral treatment programs.

USAID will be a key partner in President Bush's recently announced Emergency Plan for AIDS Relief, a five-year, $15 billion initiative to combat the HIV/AIDS pandemic. This plan will help the most affected countries in Africa and the Caribbean prevent new infections, provide antiretroviral treatment, and care for HIV-infected individuals and orphans. The initiative aims to provide antiretroviral drugs to 2 million HIV-infected people and provide care services for 10 million HIV-infected individuals and children affected by HIV/AIDS. USAID's experience in prevention, care, treatment, and support for orphans and vulnerable children in developing countries will be valuable in the implementation of the President's initiative.